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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: Examiner Hwa S. Lee
U.S. Patent and Trademark Office
Group Art Unit 2877

DATE: August 11, 2003

FROM: John P. Scherlacher
Voice: (213) 337-6846
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TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 29

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MESSAGE:

RE: U.S. Patent Application Serial No. 09/721,056 filed November 22, 2000
Applicant: Norio KOMA; For: LIQUID CRYSTAL DISPLAY

— John P. Scherlacher, Reg. No. 23,009
Direct Phone No. (213) 337-6846

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TELECOPY/FAX NUMBER: (703) 872-9319 TECHNOLOGY CENTER 2800
CLIENT NUMBER: 81784.0215
ATTORNEY BILLING NUMBER: 71931
CONFIRMATION NUMBER: (703) 305-0538

Aug-11-03 03:34pm From-HOGAN & HARTSON

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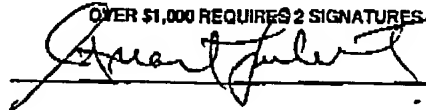
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FORM PTO-1083

PATENT
81784.0215

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Norio KOMA

Serial No: 09/721,056

Filed: November 22, 2000

For: LIQUID CRYSTAL DISPLAY

Art Unit: 2877

Examiner: Lee, Hwa S.

Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that this paper and every paper referred to herein is being transmitted via facsimile to recipient at (703) 872-9319 on:

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Name

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Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	56	-20	56 **	0	LG=\$18 SM=\$9 18	\$ 0
INDEPENDENT CLAIMS FEE	12	-3	12 ***	0	LG=\$84 SM=\$42 84	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☒ A check in the amount of \$110.00 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

John P. Scherlach
Registration No. 23,009
Attorney for Applicant(s)

Date: August 11, 2003

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